

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New Jersey Republican ProLife Coalition PAC

ADDRESS (number and street) ▼

231 North Ave W #341

☐ Check if different than previously reported. (ACC)

Westfield

NJ

07090

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525378

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel Clark

Signature of Treasurer

Daniel Clark

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 12 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Jersey Republican ProLife Coalition PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="8.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="536.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2526.00"/>	<input type="text" value="6084.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3062.15"/>	<input type="text" value="6092.15"/>
7. Total Disbursements (from Line 31)	<input type="text" value="2907.16"/>	<input type="text" value="5937.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="154.99"/>	<input type="text" value="154.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Jersey Republican ProLife Coalition PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2014

To:

M M / D D / Y Y Y Y
09 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

2526.00

6084.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2526.00

6084.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2526.00

6084.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2526.00

6084.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2526.00

6084.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	98.00	3128.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	98.00	3128.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2809.16	2809.16
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2907.16	5937.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2907.16	5937.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2526.00	6084.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2526.00	6084.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	98.00	3128.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	98.00	3128.00

Full Name of Payee Conquest Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2014	
Mailing Address 2812 Emerywood Parkway Suite 103		Amount 136.03	
City Richmond	State VA	Zip Code 23294	Transaction ID : SE.4260 Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014
Purpose of Expenditure telephone calls		Category/ Type 004	
Name of Federal Candidate GARY COBB		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 204.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	272.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ C C00525378	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Conquest Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2014	
Mailing Address 2812 Emerywood Parkway Suite 103			Amount 136.03	
City Richmond		State VA	Zip Code 23294	
Purpose of Expenditure telephone calls		Category/ Type 004	Transaction ID : SE.4261 Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014	
Name of Federal Candidate THOMAS MACARTHUR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 204.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Conquest Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2014	
Mailing Address 2812 Emerywood Parkway Suite 103			Amount 136.03	
City Richmond		State VA	Zip Code 23294	
Purpose of Expenditure telephone calls		Category/ Type 004	Transaction ID : SE.4262 Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014	
Name of Federal Candidate CHRISTOPHER H. SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 204.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			272.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Daniel Clark</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 12 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00525378</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Conquest Communications			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 18 / 2014</div>		
Mailing Address 2812 Emerywood Parkway Suite 103			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">136.03</div>		
City Richmond		State VA	Zip Code 23294		Transaction ID : SE.4264
Purpose of Expenditure telephone calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 18 / 2014</div>	
Name of Federal Candidate ANTHONY WILKINSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">204.09</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Conquest Communications			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 18 / 2014</div>		
Mailing Address 2812 Emerywood Parkway Suite 103			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">136.03</div>		
City Richmond		State VA	Zip Code 23294		Transaction ID : SE.4265
Purpose of Expenditure telephone calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 18 / 2014</div>	
Name of Federal Candidate DEIDRE PAUL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">204.09</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">272.06</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Daniel Clark</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 12 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ C C00525378
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Conquest Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2014
Mailing Address 2812 Emerywood Parkway Suite 103		Amount 136.04
City Richmond	State VA	Zip Code 23294
Purpose of Expenditure telephone calls	Category/ Type 004	Transaction ID : SE.4266 Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014
Name of Federal Candidate ALIETA DR ECK		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		204.10

Full Name of Payee Conquest Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2014
Mailing Address 2812 Emerywood Parkway Suite 103		Amount 136.04
City Richmond	State VA	Zip Code 23294
Purpose of Expenditure telephone calls	Category/ Type 004	Transaction ID : SE.4267 Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014
Name of Federal Candidate JEFFREY BELL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		204.10

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	272.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ C C00525378		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Staples			Date of Public Distribution/Dissemination 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount 68.06		
City Selinsgrove		State PA	Zip Code 17870		
Purpose of Expenditure mailer printing		Category/Type 006		Transaction ID : SE.4215 Date of Disbursement or Obligation 08 / 14 / 2014	
Name of Federal Candidate JEFFREY BELL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 68.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Staples			Date of Public Distribution/Dissemination 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount 68.06		
City Selinsgrove		State PA	Zip Code 17870		
Purpose of Expenditure mailer printing		Category/Type 006		Transaction ID : SE.4220 Date of Disbursement or Obligation 08 / 14 / 2014	
Name of Federal Candidate GARY COBB			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 68.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			136.12		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Daniel Clark</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 10 / 12 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525378 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Staples			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 25 / 2014 </div>	
Mailing Address 292 Marketplace Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68.06 </div>	
City State Zip Code Selinsgrove PA 17870		Transaction ID : SE.4223 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		
Purpose of Expenditure mailer printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>		
Name of Federal Candidate THOMAS MACARTHUR			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">68.06</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Staples			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 25 / 2014 </div>	
Mailing Address 292 Marketplace Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68.06 </div>	
City State Zip Code Selinsgrove PA 17870		Transaction ID : SE.4230 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 14 / 2014 </div>		
Purpose of Expenditure mailer printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>		
Name of Federal Candidate ANTHONY WILKINSON			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">68.06</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136.12 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136.12 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Daniel Clark</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 12 / 2014 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ C C00525378		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount 68.06		
City State Zip Code Selinsgrove PA 17870		Transaction ID : SE.4238 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014			
Purpose of Expenditure mailer printing		Category/ Type 006			
Name of Federal Candidate ALIETA DR ECK			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>12</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 68.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount 68.06		
City State Zip Code Selinsgrove PA 17870		Transaction ID : SE.4241 Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2014			
Purpose of Expenditure mailer printing		Category/ Type 006			
Name of Federal Candidate DEIDRE PAUL			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 68.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			136.12		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Daniel Clark</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 12 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ C C00525378
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Staples		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 292 Marketplace Blvd		Amount 68.07	
City Selinsgrove	State PA	Zip Code 17870	Transaction ID : SE.4254
Purpose of Expenditure mailer printing	Category/ Type	MM / DD / YYYY 08 / 14 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate CHRISTOPHER H. SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Staples		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 292 Marketplace Blvd		Amount 68.06	
City Selinsgrove	State PA	Zip Code 17870	Transaction ID : SE.4263
Purpose of Expenditure mailer printing	Category/ Type	MM / DD / YYYY 08 / 14 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate SCOTT GARRETT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	136.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ C C00525378		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Staples			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">42.93</div>		
City State Zip Code Selinsgrove PA 17870		Transaction ID : SE.4225 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 25 / 2014			
Purpose of Expenditure mailer printing		Category/ Type 006			
Name of Federal Candidate CHRISTOPHER H. SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">351.16</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Staples			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">42.93</div>		
City State Zip Code Selinsgrove PA 17870		Transaction ID : SE.4251 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 25 / 2014			
Purpose of Expenditure mailer printing		Category/ Type 006			
Name of Federal Candidate GARY COBB			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">351.15</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85.86</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Daniel Clark</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 12 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ C C00525378
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Staples		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 292 Marketplace Blvd		Amount 42.93	
City Selinsgrove	State PA	Zip Code 17870	Transaction ID : SE.4252
Purpose of Expenditure mailer printing	Category/ Type	MM / DD / YYYY 08 / 25 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate THOMAS MACARTHUR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 351.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Staples		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 292 Marketplace Blvd		Amount 42.93	
City Selinsgrove	State PA	Zip Code 17870	Transaction ID : SE.4255
Purpose of Expenditure mailer printing	Category/ Type	MM / DD / YYYY 08 / 25 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate SCOTT GARRETT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 351.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	MM / DD / YYYY 85.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	MM / DD / YYYY
(c) TOTAL Independent Expenditures..... ▶	MM / DD / YYYY

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525378 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Staples			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 25 / 2014</div> </div>	
Mailing Address 292 Marketplace Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42.92</div>	
City Selinsgrove	State PA	Zip Code 17870	Transaction ID : SE.4256 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 25 / 2014</div> </div>	
Purpose of Expenditure mailer printing		Category/ Type 006		
Name of Federal Candidate ANTHONY WILKINSON			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 351.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Staples			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 25 / 2014</div> </div>	
Mailing Address 292 Marketplace Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42.92</div>	
City Selinsgrove	State PA	Zip Code 17870	Transaction ID : SE.4257 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 25 / 2014</div> </div>	
Purpose of Expenditure mailer printing		Category/ Type 006		
Name of Federal Candidate DEIDRE PAUL			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 351.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC			FEC IDENTIFICATION NUMBER ▼ C C00525378		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount 42.93		
City Selinsgrove		State PA	Zip Code 17870		
Purpose of Expenditure mailer printing		Category/ Type 006		Transaction ID : SE.4258 Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2014	
Name of Federal Candidate ALIETA DR ECK			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought 351.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 292 Marketplace Blvd			Amount 42.92		
City Selinsgrove		State PA	Zip Code 17870		
Purpose of Expenditure mailer printing		Category/ Type 006		Transaction ID : SE.4259 Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2014	
Name of Federal Candidate JEFFREY BELL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought 351.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.85		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Daniel Clark</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 12 / 2014		

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 301 Market St		Amount 104.13	
City Lewisburg	State PA	Zip Code 17837	Transaction ID : SE.4243 Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2014
Purpose of Expenditure mailer postage		Category/ Type 006	
Name of Federal Candidate THOMAS MACARTHUR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NJ
Calendar Year-To-Date Per Election for Office Sought 308.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	208.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>08 / 25 / 2014</div> </div>	
Mailing Address 301 Market St		Amount <div> <div>104.13</div> </div>	
City Lewisburg	State PA	Zip Code 17837	Transaction ID : SE.4246 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>08 / 20 / 2014</div> </div>
Purpose of Expenditure mailer postage		Category/ Type 006	
Name of Federal Candidate CHRISTOPHER H. SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
		District: 04 State: NJ	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>308.23</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	208.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Daniel Clark

Signature

[Electronically Filed]

Date 

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 301 Market St		Amount 104.12	
City Lewisburg	State PA	Zip Code 17837	Transaction ID : SE.4248 Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2014
Purpose of Expenditure mailer postage		Category/ Type 006	
Name of Federal Candidate ANTHONY WILKINSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: NJ
Calendar Year-To-Date Per Election for Office Sought 308.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	208.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ C C00525378	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 301 Market St		Amount 104.12	
City Lewisburg	State PA	Zip Code 17837	Transaction ID : SE.4249
Purpose of Expenditure mailer postage	Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2014	
Name of Federal Candidate DEIDRE PAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: NJ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 308.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2014	
Mailing Address 301 Market St		Amount 104.12	
City Lewisburg	State PA	Zip Code 17837	Transaction ID : SE.4250
Purpose of Expenditure mailer postage	Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2014	
Name of Federal Candidate ALIETA DR ECK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 12 State: NJ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 308.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	208.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2809.16

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 12 / 2014

Signature